



**Australian Government**

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## Government Response

to the House of Representatives  
Standing Committee on Family,  
Community, Housing and Youth  
report:

Who Cares ...?

Report on the inquiry into  
better support for carers

© Commonwealth of Australia 2009

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# Foreword

The Commonwealth Government recognises the vitally important role that carers play in providing daily care and support to people with disability, people with medical conditions, people with mental illness and aged people. We value the significant social and economic contribution that carers make to Australian society.

The Commonwealth Government's response to the House of Representatives Standing Committee on Family, Community, Housing and Youth report: *Who Cares ...? Report on the inquiry into better support for carers* occurs at a time of significant reform to the system of supports that the Commonwealth Government provides for carers, people with disability, people with mental illness and aged people.

Some of these reforms are already positively impacting on carers and the people for whom they care. These include the Secure and Sustainable Pension Reform Package which introduced pension increases from 20 September 2009 and the introduction of a permanent, ongoing Carer Supplement; the implementation of the Carer Payment (child) reforms on 1 July 2009; and the work of Job Services Australia in assisting carers entering or re-entering the workforce.

The full extent of other reforms, such as the National Disability Agreement and proposed National Disability Strategy, will take longer to flow through. This is because these involve significant reform to Australia's current service delivery arrangements. The Government is determined to get these reforms right. We want to ensure that carers have the support they need and, that the people they care for, have the right mix of services and programs in place.

The Commonwealth Government's response to the Committee's recommendations delivers a number of positive outcomes for carers. Central to the response is a commitment to ensure that carers are appropriately recognised and for this to be driven by strong national leadership. The Commonwealth Government will introduce Commonwealth carer recognition legislation in 2010. Following this, we will lead the development of a national carer recognition framework including a national carer strategy which complements and builds on state and territory carer recognition legislation and policies. The development of a national carer recognition framework will include consideration of, among other things, the training and skills development needs of carers and the adequacy of case management and care coordination for carers.

This work will occur in conjunction with the development of the National Disability Strategy, to be announced in 2010, which will provide a whole-of-government, whole-of-life approach to assisting people with disability and their families, friends and carers to achieve better outcomes in society.

On the important issue of access to affordable and responsive respite care services, the Commonwealth Government, under the National Disability Agreement, has provided a significant injection of funding to drive important reforms, including the need for additional places such as respite.

The Commonwealth Government will continue work to streamline respite services, commencing with Commonwealth program responsibilities.

To respond to the call for greater government financial assistance for carers, the Commonwealth Government, through the Secure and Sustainable Pension Reform package, introduced a new Carer Supplement for carers in receipt of Carer Payment and/or Carer Allowance. The Carer Supplement provides carers with ongoing certainty about the level of assistance they will receive. In addition, on 20 September 2009 the Secure and Sustainable Pension Reform package delivered an increased rate of Carer Payment. The Commonwealth Government's changes to the eligibility and assessment processes for Carer Payment (child), which were implemented on 1 July 2009, also means that more carers of children aged 16 years or younger are now benefiting from the payment.

This response outlines the Commonwealth Government's commitment to supporting people with disability, people with mental illness and aged people and their carers. It highlights the Commonwealth Government's commitment to improve service delivery arrangements including capacity building in the community care workforce. The response also outlines the significant work the Commonwealth Government has agreed to progress to improve the employment, education and training outcomes of carers.

The response also addresses key issues in the recommendations arising from the Final Report of the Bring It! 2008 Young Carers Forum. Specifically, the Commonwealth Government commits to do further work to improve the educational attainment of young carers; continue to support activities that promote the awareness of carers in society; and work closely with stakeholders to continue the redesign of the Young Carers Respite and Information Services Program with a focus on carer support, within a whole-of-family approach.

The Commonwealth Government remains committed to working constructively with carers, carer groups and State and Territory Governments to further investigate a range of recommendations in the report and to build on the Committee's intentions to improve the lives of carers and those they care for.

# Responses

## Recommendation 1

**That the Treasurer direct the Australian Bureau of Statistics, either through an extension to its Survey of Disability, Ageing and Carers or through the development of an alternative carer specific survey, to expand the information it collects on carers to include information on: secondary carers; carers providing episodic care; carers providing palliative care; and carers aged 15 years and under.**

**The Australian Bureau of Statistics should also consider increasing the frequency of the Survey of Disability, Ageing and Carers to three yearly intervals.**

## AGREE IN PART

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The Commonwealth and State and Territory Governments have provided funding of over \$4 million to double the 2009 Survey of Disability, Ageing and Carers sample size. The expansion of the sample size will: facilitate more detailed analysis of characteristics of carers and the care they provide; and better measure unmet need. This will improve the information collected on secondary carers, carers providing episodic care and carers providing palliative care.

Carers aged 15 years and under are already identified in the Survey of Disability, Ageing and Carers<sup>1</sup>. The Commonwealth Government, through the Department of Families, Housing, Community Services and Indigenous Affairs, also commissioned the Social Policy Research Centre, University of New South Wales, to conduct a major, multi-stage study into the advantages and disadvantages of care giving for young carers, *Young carers in Australia: Understanding the advantages and disadvantages of their care giving*, including quantitative analysis of existing national data sets on young carers.

The Commonwealth Government agrees to explore the expansion of the Survey of Disability, Ageing and Carers sample size beyond 2009. The Commonwealth Government will progress this issue with State and Territory Governments in the context of future Council of Australian Government negotiations.

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<sup>1</sup> In the Survey of Disability, Ageing and Carers, adult survey respondents are responsible for identifying carers aged 15 years and under. However, this information is not reconfirmed with the child to ascertain whether they consider themselves a primary carer.

In addition, the Commonwealth Government, through the Department of Health and Ageing, has set aside funds of over \$1 million for additional work with the Australian Bureau of Statistics on data including community care data and data on carers.

In addition, the 2007 Australian Bureau of Statistics Survey of Employment Arrangements, Retirement and Superannuation included a work and family balance module that collected information separately on caring within the household and across households. The 2013 survey will incorporate a time use diary for a subsample of about 4,000 households to increase the information available about caring activities in the family.

Given the availability of information from these sources, the Commonwealth Government does not agree to increase the frequency of the Survey of Disability, Ageing and Carers to three yearly intervals.

## **Recommendation 2**

**That the Australian Government, through the Department of Families, Housing, Community Services and Indigenous Affairs and the Department of Health and Ageing support a national community education campaign to promote a better understanding of the role and needs of carers, and an appreciation of the contribution that carers make to society.**

**The campaign should also include components to promote increased awareness of their role among ‘hidden’ carers who may not readily self-identify and to address the concerns of carers who may be reluctant to disclose their role to others.**

## **NOTE**

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The Commonwealth Government currently funds Carers Australia to undertake community awareness-raising activities and campaigns.

The Department of Health and Ageing provides funding of \$200,000 each year to Carers Australia to administer Carers Week. Carers Week is a national awareness-raising event, held in October each year, that aims to recognise, promote and raise awareness of the valuable contribution carers make to society; generate discussion on issues of importance to carers; raise awareness of hidden carers; improve self-identification; and provide an opportunity for carers, organisations and government to share experiences, ideas and information.



The Commonwealth Government also provides ad hoc funding to Carers Australia for various forums and conferences to promote a better understanding of carers' issues. For example, in 2008 the Department of Families, Housing, Community Services and Indigenous Affairs provided funding to Carers Australia for the Bring It! 2008 Young Carers Forum. The forum enabled young carers to discuss key areas of concern (including identification), provide input to the Commonwealth Government's policy agenda and talk with politicians and/or their advisers about the issues young carers face.

The Commonwealth Government, through the Department of Health and Ageing, also provides funds for 54 Commonwealth Respite and Carelink Centres to provide information and services for aged people, people with disability and carers. Commonwealth Respite and Carelink Centres provide outreach activities at a local level, including developing appropriate publicity material; promotion at relevant conventions and conferences; and engaging and networking with general practitioners, allied health professionals and other stakeholders.

### **Recommendation 3**

**That the Minister for Families, Housing, Community Services and Indigenous Affairs and the Minister for Health and Ageing propose to the Health, Community and Disability Services Ministerial Council that the Australian Government and each jurisdiction review existing legislation and policy relating to health and community care to ensure that carers are adequately recognised.**

**If legislation affecting carers falls beyond the jurisdiction of the Health, Community and Disability Services Ministerial Council then it should be referred to the appropriate ministerial council for review.**

### **AGREE**

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The Commonwealth Government appreciates the importance of ensuring that the needs and role of carers are appropriately recognised in relevant legislation and policy and agrees to propose that appropriate ministerial councils review relevant Commonwealth and state and territory legislation and policies to ensure that carers are adequately recognised.

## **Recommendation 4**

**That the Minister for Families, Housing, Community Services and Indigenous Affairs seek the Health, Community and Disability Services Ministerial Council to develop a nationally consistent carer recognition framework, comprising:**

- **national carer recognition legislation, which complements state and territory carer legislation; and**
- **a national carer strategy which builds on and complements state and territory carer policies.**

## **AGREE**

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The Commonwealth Government agrees to lead the development of a national carer recognition framework including legislation and a national carer strategy, and will seek to progress this work through relevant ministerial councils.

The Commonwealth Government will introduce Commonwealth carer recognition legislation in 2010. The development of this legislation will be informed by a review of existing carer recognition legislation and policy, to be undertaken by the Department of Families, Housing, Community Services and Indigenous Affairs, by the end of 2009.

Following this, the Commonwealth Government will seek to progress the development of a national carer recognition framework through relevant ministerial councils.

The development of a national framework will be informed by the review of relevant Commonwealth and state and territory legislation and policy to ensure that carers are adequately recognised (Recommendation 3).

The National People with Disabilities and Carer Council and peak carer bodies would be consulted as part of the development process.

The Commonwealth Government also notes that work is already being undertaken to ensure that carers are recognised in relevant Commonwealth legislation and policy. For example, the Commonwealth Government developed a *Charter of Rights and Responsibilities for Community Care* which recognises that services to the care recipient need to be delivered in a way that respects the person's family, representative and informal care arrangements. From 1 October 2009 the Charter is a legal instrument that applies to Australian Government funded aged care packages which operate under the *Aged Care Act 1997* (Cth).

## **Recommendation 5**

**That the Department of Prime Minister and Cabinet establish a national office for carers, either within the Office of Work and Family or as a new office within the Department.**

**That the Australian Government nominate a lead Minister to be responsible for overseeing the development of nationally coordinated carer legislation, policy, programs and services so that these are effectively linked across all levels of government and portfolios.**

### **NOTE**

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The Commonwealth Government notes that there are many issues affecting carers and that these cross a number of portfolio responsibilities, such as health care, social support, workforce participation, aged care and disability support.

To address the intention of this recommendation the Commonwealth Government will establish a high level cross departmental forum to coordinate carer legislation, policy, programs and services so that they are effectively linked across Commonwealth portfolios. The forum will provide quarterly reports to Ministers on carers' issues and ad-hoc advice as required. The Departments of Families, Housing, Community Services and Indigenous Affairs; Health and Ageing; Education, Employment and Workplace Relations; Veterans Affairs; Human Services and the Department of Prime Minister and Cabinet, will be represented on the forum.

Responsibility for specific carer policy, programs and services will remain the responsibility of individual Ministers and their respective Australian Public Service agencies. Therefore, the Commonwealth Government does not agree to establish a national office for carers or to nominate a lead Minister.

## **Recommendation 6**

**That the Australian Government consider consolidating portfolio responsibility for people with disabilities, people with mental illness, the frail aged and their carers into a single Australian Government department.**

### **DISAGREE**

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The Commonwealth Government does not agree to consolidate portfolio responsibility for people with disability, people with mental illness, aged people and their carers into a single Australian Government department.

The Commonwealth Government is of the view that the current departmental structure of the Australian Public Service ensures a responsive policy and program approach to carer, disability, mental health and ageing issues.

However, as set out in the response to Recommendation 5, the Commonwealth Government will establish a high level cross departmental forum to coordinate carer legislation, policy, programs and services so that they are effectively linked across Commonwealth portfolios. This will facilitate greater coordination and streamlining of carer policy and programs.

### **Recommendation 7**

**That the Minister for Families, Housing, Community Services and Indigenous Affairs and the Minister for Health and Ageing, seek agreement through the Health, Community and Disability Services Ministerial Council to extend the Access Points Demonstration Projects to include disability services and community mental health services.**

### **AGREE**

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The Commonwealth Government agrees to seek agreement, through relevant ministerial councils, to progress work towards a single access point model of service delivery.

In 2006 the Council of Australian Governments agreed to develop a simplified way for consumers and carers to access information and community care services. As part of this, all jurisdictions agreed to develop a consistent assessment process for community aged care services.

There are currently nine Access Point Demonstration Projects operating in seven states and territories trialling different ways to make access to community care services easier for clients and their carers.

The Demonstration Projects:

- provide information about community care services
- provide advice on eligibility for services
- conduct a broad assessment of a person's needs (including the carer in some models)
- facilitate referrals to community care service providers or to other specialist or comprehensive assessors as appropriate.

Extending this project to disability and community mental health services would require the Commonwealth and State and Territory Governments to agree to a single access point model for these service delivery systems. Accordingly, the Commonwealth Government agrees to pursue the issue of a single access point model with State and Territory Governments through appropriate ministerial councils.

## **Recommendation 8**

**That the Australian Government make locally based peer support carer groups a priority within existing community grants programs available across portfolios.**

### **AGREE**

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The Commonwealth Government agrees to make locally based peer support carer groups a priority within existing community grants programs, where appropriate. Community grants programs within the Government are diverse and the Commonwealth Government agrees to assess community grant rounds on a case by case basis.

For example, the recent Volunteer Grants 2009 round, identified that community organisations providing support or services to people with disability, mental illness and/or their carers were a priority group for funding.

In addition, the Government will provide \$430,000 in 2009-10 for one-off community grants for state and territory carers' associations to run activities to support and recognise carers, in partnership with locally based peer support care groups.

The Commonwealth Government notes that it already administers a number of programs that provide peer support to carers. Examples are:

- The MyTime Peer Support Program, which provides peer support groups for parents and carers of young children under school age with disability or chronic medical condition. Children are provided with play activities and support while parents participate in activities and discussions.

- The Helping Children with Autism Package, which includes a number of initiatives to support families caring for children with Autism Spectrum Disorders, including programs which offer peer support:
  - Initiatives being implemented by the Department of Families, Housing, Community Services and Indigenous Affairs include the provision of Early Days workshops, a website and playgroups for families and carers of children with Autism Spectrum Disorders.
  - Initiatives being implemented by the Department of Education, Employment and Workplace Relations include workshops for parents and carers of school aged students with Autism Spectrum Disorders.
- Playgroups funded through Community and Family Partnerships under the Family Support Program, which provide opportunities for children from birth to five years of age to learn through play and to develop their social, emotional and physical skills while parents and caregivers develop social and support networks. Families and children with disability are a specific target group of this program.
- The Department of Families, Housing, Community Services and Indigenous Affairs provides ongoing funding to the West Australian Deaf Society to deliver playgroups for parents and/or children with hearing impairment.
- The Mental Health Respite Program which provides support, choice and flexibility including peer support for carers and care receivers. It increases the supply of flexible and appropriate respite options for carers of people with severe mental illness, psychiatric disability and/or intellectual disability.
- The Mental Health Community Based Program which is targeted at supporting families, carers, children and young people aged 16 to 24 years, affected by mental illness, through a diverse range of community programs, including peer support programs. The program seeks to build on family strengths and improve resilience and family functioning, particularly for Indigenous families and those from culturally and linguistically diverse backgrounds.

## **Recommendation 9**

**That the Minister for the Department of Families, Housing, Community Services and Indigenous Affairs fund the expansion of the MyTime Peer Support Program to:**

- **include parents of school aged children with disability; and**
- **increase geographical coverage.**

### **AGREE TO FURTHER CONSIDER**

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The MyTime Peer Support Program provides local support to parents and carers of very young children with disability or chronic medical condition.

In the 2008–09 Budget, the Commonwealth Government provided additional funding to pilot four MyTime Peer Support Groups for parents and carers of school-aged children with disability or chronic medical condition. The four pilots began in late 2008 and were reviewed in June 2009.

The Review indicated that a more age inclusive MyTime program could enhance individual and family wellbeing. The Commonwealth Government has agreed in consultation with MyTime providers and families, to consider further enhancements to the MyTime Peer Support Group Program.

The geographical coverage of the MyTime Peer Support Program is increasing over time. The program is being implemented progressively and the full complement of MyTime Peer Support Groups, expected to benefit up to 2,500 families, is due to be reached in 2009–10.

The Commonwealth Government also notes that PlayConnect Playgroups offer carers, of children aged zero to six years with ADS or ADS like symptoms, similar local support and opportunities to develop social support networks as MyTime Peer Support Groups. These PlayConnect Playgroups are funded as part of the \$190 million Helping Children with Autism Package. Playgroups Australia, the national provider for the PlayConnect Playgroups, are working with the states and territory Playgroup Associations to establish 150 playgroups throughout Australia.

## **Recommendation 10**

**That the Minister for Families, Housing, Community Services and Indigenous Affairs and the Minister for Health and Ageing request that the Health, Community and Disability Services Ministerial Council develop a national strategy to address the training and skills development needs of carers.**

### **AGREE**

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The Commonwealth Government will request that ministerial councils consider the training and skills development needs of carers in the development of a national carer recognition framework, the development of which the Commonwealth Government has committed to leading in response to Recommendation 4.

Any national training and skills development strategy should build on existing training and skills programs which exist in the states and territories and incorporate current Commonwealth Government initiatives.

The Commonwealth Government currently administers a number of initiatives which address the training and skills development needs of carers. The Department of Health and Ageing funds the Commonwealth Respite and Carelink Centres to provide carers with necessary information about care services and supports. The centres can also link carers to local services that assist with knowledge and skills development to help support them in their caring role.

Under the Dementia Initiative, the Commonwealth Government has provided \$3 million over three years (to 2010–11) to support the individual needs of carers of people with dementia. The funding is provided to Commonwealth Respite and Carelink Centres to purchase local services for carers that can help with their education and training needs. This includes assistance such as driving lessons, educational activities and personal care skills.



## Recommendation 11

**That the Minister for Families, Housing, Community Services and Indigenous Affairs and Minister for Department of Health and Ageing direct their Departments to review the adequacy of case management or care coordination for carers and care receivers using community care, aged care, disability and community mental health services.**

### AGREE

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#### *Adequacy of case management and care coordination for carers*

As set out in response to Recommendation 4, the Commonwealth Government has undertaken to propose that relevant ministerial councils develop a national carer recognition framework. The Commonwealth Government will request that ministerial councils consider the adequacy of case management and care coordination in assisting carers in their caring role as part of the development of this framework.

#### *Adequacy of case management and care coordination for care receivers*

The Commonwealth Government agrees to examine the adequacy of case management and care coordination for disability services in the context of the National Disability Agreement. The Commonwealth Government has agreed with State and Territory Governments to give priority to developing a national framework for service planning and access. The framework will focus on providing a person-centred approach to service delivery and simplifying access to specialist disability services, including through an examination of case management and care coordination approaches for people with disability and their carers.

The Council of Australian Governments' *National Action Plan on Mental Health (2006–2011)* includes a new care coordination flagship program. This initiative involves a coordinated system of linking care between clinical and non-clinical services for people with severe mental illness. The new system is designed to build on existing coordination arrangements for people with severe and persistent mental illness and complex multi-agency needs who are most at risk of falling through the gaps in the service system.

Case management is already an integral aspect of the services provided to aged people under the Commonwealth Government's Community Packaged Care programs.

Further, case management for aged people, people with disabilities and their carers is provided as a specific service type under the jointly funded Home and Community Care Program. This service type comprises active assistance from a formally identified agency worker who coordinates the planning and delivery of a suite of services to the individual client.

## Recommendation 12

**That the Minister for the Department Families, Housing, Community Services and Indigenous Affairs extend the National Disability Advocacy Program to:**

- **provide family advocacy services which better recognise the role of carers providing individual advocacy on behalf of, and with, care receivers; and**
- **provide formal advocacy for carers in their own right when this is required.**

## DISAGREE

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The Commonwealth Government, through the Department of Health and Ageing, provides funding to Carers Australia for a Carer Information and Support Service. The 2009-10 allocation for this program is more than \$3.2 million. Individual carer advocacy is undertaken, where necessary, as part of the support provided to carers through this service.

The focus of the National Disability Advocacy Program is to protect the interests of the person with disability in line with the *Disability Services Act 1986*. It assists people with disability to overcome barriers that impact on their daily lives and their ability to participate in the community. Given this, it would not be appropriate to extend the National Disability Advocacy Program to provide formal advocacy services for carers in their own right.

The National Disability Advocacy Program includes a family advocacy stream. Family advocates work with parents, family carers and family members, on behalf of the person with disability, on a short-term, long-term or issues-specific basis. Ten agencies are funded under the National Disability Advocacy Program to provide family advocacy services. In 2008-09 this funding equated to five per cent of total funding for the program.

Counselling, information and advocacy for carers of aged people and people with disabilities is provided as a specific service under the Home and Community Care Program. In 2007-08, around 15,000 carers accessed this service through the Home and Community Care Program.

### **Recommendation 13**

**That the Minister for Health and Ageing review arrangements for systemic carer advocacy provided through Carers Australia and the network of state and territory Carer Associations.**

**The review should examine the extent to which arrangements for systemic advocacy represent the diversity of carer groups and consider whether these arrangements might need to be extended or reformed.**

#### **AGREE**

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The Commonwealth Government, through the Department of Health and Ageing, currently funds Carers Australia to advocate for, and promote the interest of, carers with government, business, community sectors and other interested parties. The Commonwealth Government agrees to review its funding arrangements for systemic carer advocacy.

### **Recommendation 14**

**That the Attorney-General, in conjunction with the Minister for Families, Housing, Community Services and Indigenous Affairs and the Minister for Health and Ageing, investigate whether the National Privacy Principles and the Information Privacy Principles, and equivalent provisions in state and territory privacy and mental health legislation, adequately allow carers to be involved in the treatment of the individuals for whom they care.**

**The Minister for Families, Housing, Community Services and Indigenous Affairs and the Minister for Health and Ageing promote to health and community care providers the importance of involving carers in the treatment and services for those receiving health and community care services.**

#### **AGREE IN PART**

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The Commonwealth Government agrees with this recommendation in part and is already undertaking significant work to investigate whether the National Privacy Principles and the Information Privacy Principles allow carers to be involved in the treatment of the people for whom they care; and to promote the importance of involving carers in the treatment and services for those receiving health and community care services.

In responding to this recommendation the Commonwealth Government notes that the *Privacy Act* and relevant regulation and policy are now the responsibility of the Cabinet Secretary, not the Attorney General.

### *National Privacy Principles and the Information Privacy Principles*

The Australian Law Reform Commission considered the National Privacy Principles and Information Privacy Principles as part of its comprehensive report on Australian privacy laws, *For Your Information: Australian Privacy Law and Practice*, which was released in August 2008.

The Australian Law Reform Commission recommended that the provisions allowing disclosure of health information be revised to include an express provision to allow disclosure to a person who is primarily responsible for providing support or care to an individual.

The Commonwealth Government is responding to the Australian Law Reform Commission's report in two stages with recommendations on creating a single set of privacy principles and reforming protections for health information to be considered in the first stage. It is anticipated that the Government will release a first stage response before the end of November 2009 and exposure draft legislation outlining the proposed reforms in early 2010.

Any reform in this area allowing carers to be involved in the treatment of the care receivers must be balanced with the need to uphold the rights of care receivers, including the right to live independently and the right to privacy as articulated in the United Nations Convention on the Rights of Persons with Disabilities.

### *Equivalent provisions in state and territory privacy and mental health legislation*

The Australian Law Reform Commission also recommended that the states and territories apply the proposed new unified privacy principles to their public sector organisations and agree that the Commonwealth regulate the private sector, including the private health sector.

The Australian Law Reform Commission's recommendations concerning the adoption of nationally consistent privacy laws, including relevant parts of mental health legislation, will be addressed through further consultation with the states and territories.

The Commonwealth Government will, through relevant ministerial councils, recommend that State and Territory Governments investigate whether their privacy and mental health legislation adequately allow carers to be involved in the treatment of the individuals for whom they care.

*Promoting the importance of involving carers in treatment and services*

The Commonwealth Government has also undertaken significant work to promote the need to involve carers in the treatment of, and services for, those receiving Commonwealth Government health and community care services.

The Commonwealth Government developed a Charter of Rights and Responsibilities for Community Care, to apply to Commonwealth Government funded programs under the *Aged Care Act 1997* from 1 October 2009. The charter will include provisions for care recipients' representatives to participate in decisions relating to care in situations where there is limited capacity, and for carers to be recognised as important partners in the decision making processes relating to care.

The National Respite for Carers Program, Community Packaged Care Programs and Residential Respite Program guidelines support and reinforce the importance of involving a person's carer, family or other nominated representative in the assessment, design and delivery of the services the person receives.

The Commonwealth Government's revised *Australian National Mental Health Standards* focus on several key principles for carers, including the right of nominated carers to be involved in the treatment of the care recipient, recognition of the important role played by carers in the care recipient's life, and recognition that participation by carers is integral to the development, planning, delivery and evaluation of mental health services.

The Mental Health Respite Program, Personal Helpers and Mentors Program and Mental Health Community Based Program guidelines outline the importance of involving care recipients, their carers and families in service design and delivery.

The Fourth National Mental Health Plan (2009-2014), endorsed by all Health Ministers, also states that families and carers should be informed to the greatest extent consistent with the requirements of privacy and confidentiality about the treatment and care provided to the consumer, the services available, and how to access those services.

## **Recommendation 15**

**That the Attorney-General promote national consistency and mutual recognition governing enduring powers of attorney and advanced care directives to the Standing Committee of Attorneys-General.**

### **AGREE**

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The Commonwealth Government agrees to continue to promote national consistency and mutual recognition of arrangements for enduring powers of attorney through the Standing Committee of Attorneys-General.

The Australian Health Ministers' Advisory Council, an advisory body to the Australian Health Ministers' Conference, is currently progressing the development of nationally consistent guidelines for advanced health care directives.

While legislation and regulation in this area is primarily a matter for State and Territory Governments, the Commonwealth Government will promote national consistency and mutual recognition through relevant committees.

The Commonwealth Government also notes work will be progressed in this area in response to the recommendations of the House of Representatives Standing Committee on Legal and Constitutional Affairs report *Older people and the law*.

## **Recommendation 16**

**That the Minister for Families, Housing, Community Services and Indigenous Affairs and the Minister for Health and Ageing and the Attorney-General fund a national information campaign to raise awareness about the need for, and benefits of, enduring powers of attorney and advanced care directives in the general community and among health and community care professionals.**

### **NOTE**

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As stated in the response to Recommendation 15, the Commonwealth Government will continue to support the development of a nationally consistent approach to enduring powers of attorney and advanced care directives through the Standing Committee of Attorneys-General and the Australian Health Ministers' Advisory Council, respectively. The need for a national information campaign may be considered following harmonisation of approaches between jurisdictions.

The Commonwealth Government provides funding for a number of initiatives which raise awareness and support the development of enduring powers of attorney and advanced care directives.

The Commonwealth Government, through the Department of Families, Housing, Community Services and Indigenous Affairs funds the Family Relationship Services Program. This includes a Family Relationship Services for Carers initiative where organisations are funded to deliver information, support and family counselling and mediation services to families who are considering future care arrangements for a family member with disability.

The Commonwealth Government, through the Department of Health and Ageing, is also funding Austin Health's *Respecting Patient Choices* program to develop advance care planning in acute care settings and to pilot this particular model in a number of residential aged care facilities. Austin Health is funded \$2.9 million over three years (2007-2010) to operate the *Respecting Patient Choices* program. The *Respecting Patient Choices* website ([www.respectingpatientchoices.org.au](http://www.respectingpatientchoices.org.au)) offers a range of free downloadable guides and leaflets suitable for individuals living at home and their families as well as acute care patients, aged care residents and care workers.

The Commonwealth Government also produces and distributes a number of resources which are aimed at: raising awareness of the need for and benefits of enduring powers of attorney and advanced care directives; and providing information on how to make such arrangements.

These resources include:

- *Planning for the Future: people with disability*, produced by the Department of Families, Housing, Community Services and Indigenous Affairs
- *Dementia - The Caring Experience* and the *Dementia Resource Guide*, produced by the Department of Health and Ageing
- *Living with Dementia* and *Planning Ahead: a guide to putting your affairs in order*, produced by the Department of Veteran's Affairs
- *Carer Information Pack*, available from Commonwealth Carer Resource Centres.

## **Recommendation 17**

**That the Minister of Families, Housing, Community Services and Indigenous Affairs examine how carer payments may be restructured to better reflect differences in the levels of care provided.**

### **DISAGREE**

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The recent changes to Carer Payment (child), as noted by the Committee, included the introduction of a new instrument for assessing qualification for the payment. The new instrument, the Disability Care Load Assessment (child), assesses the level of care required by a child or children because of their disability or medical condition, and the level of care provided to the child or children by their carer, rather than basing eligibility on a narrow list of medical conditions.

However, this new assessment only considers the total care load of the carer for the purpose of determining qualification for payment; the assessment of care load does not determine the amount of income support payable.

The Committee suggests that the Commonwealth Government examine how carer payments could be restructured to better reflect differences in the levels of care provided so that ‘the more time the carer needs to spend to support the care receiver, the greater should be the carer’s compensation’ (p.45).

Australia has historically focused on providing comprehensive, conditional, basic income support to those who are most at risk of falling below an acceptable standard of living at a point in time.

Structuring financial support for carers in a wage or compensation based way, so that payments relate to the activity of providing care itself, rather than to the financial circumstance of the individual carer or their household, would require a fundamental shift in the principles that underpin the income support system for carers.

The system of income support for carers has already been comprehensively examined as part of the Pension Review. The report of the Pension Review found that Carer Payment performs a number of roles in the income protection and social protection systems, the most important of which is providing adequate income support to those with little or no private means. The Pension Review also concluded that the pension should be paid at the same rate for those who are retired, or not currently expected to work because of their significant disability or caring responsibilities.



## **Recommendation 18**

**That the Australian Government significantly increase the base rate of carer payments.**

### **AGREE**

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The Commonwealth Government has implemented this recommendation through the 2009–10 Budget Secure and Sustainable Pension Reform package.

This package provided an increase in pension rates from 20 September 2009. The increase in the rate of pensions, which includes Carer Payment, was \$32.50 per week for full rate singles and \$10.15 per week for couples combined.

In addition to the rise in the rate of Carer Payment, the Commonwealth Government introduced a new, permanent Carer Supplement of \$600 per year for Carer Payment recipients, and an additional \$600 per year for Carer Allowance recipients for each eligible person in their care. The first Carer Supplement payments were made in late June 2009, and from 2010 will be made from 1 July every year. This supplement replaces previous Budget one-off carer bonuses and is intended to ensure ongoing and certain government financial assistance for carers.

## **Recommendation 19**

**That the Minister for Families, Housing, Community Services and Indigenous Affairs examine and implement the most appropriate option(s) to reduce the disincentive for carers to earn supplementary income.**

### **AGREE TO FURTHER CONSIDER**

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The Commonwealth Government notes that the Australia's Future Tax System review is looking at working age income support payments, including Carer Payment, and work incentives.

Accordingly, further consideration on this issue may be undertaken, pending the outcome of the review into Australia's Future Tax System.

## **Recommendation 20**

**That the Minister for Families, Housing, Community Services and Indigenous Affairs direct the Department of Families, Housing, Community Services and Indigenous Affairs to review its assessment for Carer Payment/Allowance (adult) with a view to:**

- **extending the range of health and allied health professionals who are authorised to verify the applicant’s claim;**
- **enabling acceptance of recent supporting documents that may already be held by the carer to verify the claim where these documents provide a sufficient level of detail regarding the care needs of the care receiver;**
- **developing a new assessment process that acknowledges the level of support provided by carers of people with intellectual disability, mental illness or with challenging behaviours. The assessment should also have regard to the episodic nature of some conditions; and**
- **reviewing the purpose and frequency of review processes, particularly in circumstances where it is evident the needs of the care receiver will not decrease over time.**

### **AGREE TO CONSIDER FURTHER**

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The Government notes the significant financial implications of the recommendation in the context of the current fiscal environment.

The Government will give further consideration to undertaking a review of the Carer Payment (adult) and Carer Allowance (adult) assessment processes. Any such review would seek to simplify and improve processes within existing eligibility criteria.

The Commonwealth Government will also give further consideration to reviewing the purpose and frequency of the review processes for Carer Payment (adult) and Carer Allowance (adult).

## **Recommendation 21**

**That the Minister for Human Services, in consultation with the Minister for Families, Housing, Community Services and Indigenous Affairs, direct their Departments to review Centrelink's application processes for income support for carers and care receivers with a view to streamlining processes and simplifying the content and design of its claim forms. The review should also include consideration of how Centrelink's data capture and management systems might be improved to reduce the need for carers to provide the same information on multiple occasions.**

### **AGREE**

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The Commonwealth Government agrees that application processes for income support should be streamlined and notes the work undertaken by Centrelink to achieve this aim.

As part of the implementation of the Carers—Improved Support package announced in the 2008–09 Budget, Centrelink and the Department of Families, Housing, Community Services and Indigenous Affairs have reviewed the application processes for carer payments where the care receiver is aged under 16 years, and are working to introduce streamlined processes for applications for carer payments for this group.

Some measures to improve and streamline the content and design of claim forms were implemented on 1 July 2009 along with the reforms to the eligibility and assessment process for Carer Payment (child). These reforms include allowing recipients of Carer Payment (child) to also be automatically eligible for Carer Allowance in respect of the child care receiver.

Further initiatives to simplify claim forms and reduce the need for carers to provide the same information on multiple occasions will be implemented in 2009-10, including pre-population of forms with known information.

The Commonwealth Government is also introducing better and fairer assessment procedures for the Disability Support Pension, as part of the Secure and Sustainable Pension Reform package announced in the 2009–10 Budget. The existing eligibility criteria will remain unchanged. However, from 1 July 2010, the assessment for Disability Support Pension will be simplified to fast-track claimants who are clearly or manifestly eligible due to a catastrophic, congenital disability or cancer, enabling faster access to financial support.

The Commonwealth Government also notes that work is being undertaken within Centrelink to examine the frequency with which payment recipients must provide information.

More broadly the Commonwealth Government has committed \$20 million to drive a significant program of reform to improve the delivery of the Commonwealth Government's human services, under a five-year research alliance between Centrelink and the Commonwealth Scientific and Industrial Research Organisation - the Human Services Delivery Research Alliance.

The Research Alliance aims to cultivate a national service delivery system that is evidence-based, sustainable, people-centric and harmonised across government and public human service delivery dimensions. It will use innovative technologies and practices to increase the efficiency of government services, create options for future service delivery and improve the capacity for government to build better relationships with its customers.

## **Recommendation 22**

**That the Minister for Human Services direct Centrelink to establish a dedicated Carer/Disability Unit with staff to provide specialist advice to carers and care receivers, including those with complex care and family issues.**

### **NOTE**

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The Commonwealth Government notes that there are a number of supports and mechanisms already in place which are intended to ensure that carers receive appropriate and accurate advice and support from Centrelink staff.

Centrelink offers a range of mechanisms to support carers and care receivers, particularly those with complex care and family issues.

These include:

- expert staff in call centres and support for staff in the Customer Service Centre network to provide carers with advice about the payments and services for them
- a network of social workers to assist carers with a range of issues, including complex care and family matters
- carer awareness training for network staff.

## Recommendation 23

**That the Minister for Families, Housing, Community Services and Indigenous Affairs through the Department of Families, Housing, Community Services and Indigenous Affairs fund a survey to measure the financial costs to households of caring for people with disability.**

### NOTE

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The Commonwealth Government recognises the importance of investing in research to support the provision of policy and program design. The Department of Families, Housing, Community Services and Indigenous Affairs' Research and Evaluation Plan guides the development of the Department's evidence base and contains a list of identified carer research questions covering a range of areas such as characteristics and demographic changes as well as the supports, services, costs, needs, interventions, outcomes and participation of carers.

The Commonwealth Government notes that significant research into the costs of caring has already been undertaken or underway and considered this to address the intention of the recommendation.

Most recently the Commonwealth Government, through the Department of Families, Housing, Community Services and Indigenous Affairs, commissioned the Social Policy Research Centre, University of New South Wales, to undertake research into the costs of caring and the living standards of carers. The research, titled *The costs of caring and the living standards of carers* will explore:

- what is known about the direct and indirect costs of informal caring
- the living standards of different subgroups of carers in Australia
- the most robust methods to investigate the direct costs of care
- data available in Australia to investigate the direct costs of care.

The Commonwealth Government has also funded the Australian Bureau of Statistics to produce the Pensioner and Beneficiary Living Cost Index that more specifically reflects changes in the living costs of pensioners (including those in receipt of Disability Support Pension or Carer Payment).

The Commonwealth Government will use the Pensioner and Beneficiary Living Cost Index and the Consumer Price Index to index base pension rates and continue to use Male Total Average Weekly Earnings as a benchmark.

## **Recommendation 24**

**That the Minister for Health and Ageing increase the level of the subsidy available to eligible clients for the purchase of continence aids through the Continence Aids Assistance Scheme.**

### **NOTE**

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The Continence Aids Assistance Scheme assists eligible people to meet some of the costs of continence products. The Commonwealth Government indexes payments made under the Continence Aids Assistance Scheme annually. The maximum annual subsidy level was increased by \$10.55 in 2009–10, from \$479.40 to \$489.95 per financial year.

From 1 July 2010, the Continence Aids Assistance Scheme will be replaced by the Continence Aids Payment Scheme.

Eligibility and the rate of payment for the new scheme will remain the same as it is under the Continence Aids Assistance Scheme, however clients will receive a direct payment into a nominated bank account. This will enable clients to use the payment to shop around and purchase products that best meet their needs. At present, consumers can only access their continence products from one provider. The changes will open the market to both specialist and retail providers, and it is expected that this will increase choice and provide greater value for money for consumers.

A transition period from the Continence Aids Assistance Scheme to the Continence Aids Payment Scheme will occur during 2009–10.

## **Recommendation 25**

**That the Minister for Families, Housing, Community Services and Indigenous Affairs negotiate through the National Disability Agreement to extend considerations in relation to developing more consistent access to aids and equipment, to also include consideration of a more consistent framework to assist with capital costs incurred as a result of disability and care, such as vehicle and home modifications.**

### **AGREE**

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Under the National Disability Agreement, the Commonwealth and State and Territory Governments have agreed to develop more consistent approaches for access to aids and equipment by the end of 2012. Within this reform agenda, the Commonwealth Government agrees to raise with State and Territory Governments the issue of the development of a more consistent framework to assist with capital costs incurred as a result of disability and care.

## **Recommendation 26**

**That the Treasurer ensure that the review of Australia's Future Tax System include consideration of options for tax concessions or rebates to apply to items associated with disability and caring such as medication, therapy, aids and equipment.**

### **AGREE IN PART**

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The review of Australia's Future Tax System will include consideration of the role the tax system should play in achieving non-tax policy objectives. To achieve this, the review will consider possible improvements to the current arrangements relating to the utilisation of tax expenditures including the use of tax concessions, rebates and offsets.

## **Recommendation 27**

**That the Minister for Families, Housing, Community Services and Indigenous Affairs advocate for Health Care Cards to be issued under the same means test as Carer Payment to those receiving Carers Allowance.**

### **DISAGREE**

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The Commonwealth Government does not agree to issue Health Care Cards to those receiving Carer Allowance under the same means test arrangements as Carer Payment.

Carer Payment is an income-tested pension that automatically attracts a Pensioner Concession Card, partially recognising the barriers that carers face in supporting themselves through paid employment.

Carer Allowance, on the other hand, is a non-means-tested supplementary payment. Carer Allowance (child) attracts a Health Care Card for the direct benefit of the child only. That is, the card is issued in the name of the care receiver not the carer. This provision reflects the Commonwealth Government's support for families with children with severe illnesses or disability. Despite this special provision, access to concession cards is generally provided on the basis of financial need.

The Commonwealth Government also notes that a current provision enables eligible recipients of Carer Allowance to receive a Low Income Health Care Card in their own name. Alternatively, they may automatically receive a Health Care Card or Pensioner Concession Card in respect of another payment or allowance being paid to them.

Additionally, adult care receivers may be entitled to:

- a Health Care Card, if they are in receipt of certain other payments or allowances, including Mobility Allowance
- an Ex Carer Allowance (child) Health Care Card, if they are aged between 16 and 25 years and were in receipt of a Carer Allowance Health Care Card on the day before their 16<sup>th</sup> birthday
- a Pensioner Concession Card, if they are in receipt of Disability Support Pension or the Age Pension.

The Commonwealth Government also supports individuals and families who experience additional medical expenses, through the Medicare and Pharmaceutical Benefits Scheme Safety Net provisions. The Medicare Safety Net supplements Medicare by providing additional assistance to individuals and families once they have reached the applicable expenditure threshold in a calendar year.



Individuals and families who have high expenditure on medications covered under the Pharmaceutical Benefits Scheme are given additional support through the Pharmaceutical Benefits Scheme Safety Net. Under the safety net once the expenditure safety net is reached, for the remainder of the calendar year, general patients pay for further Pharmaceutical Benefits Scheme prescriptions at the concessional co-payment rate and concession card holders are dispensed Pharmaceutical Benefits Scheme prescriptions at no further charge.

### **Recommendation 28**

**That the Minister for Families, Housing, Community Services and Indigenous Affairs direct the Department of Families, Housing, Community Services and Indigenous Affairs to investigate the benefits of introducing a national carer card for recipients of Carer Payment and Carer Allowance in order to verify the relationship between a primary carer and a care receiver.**

### **AGREE**

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The Commonwealth Government agrees to direct the Department of Families, Housing, Community Services and Indigenous Affairs to investigate the benefits of introducing a national carer card for recipients of Carer Payment and Carer Allowance to verify the relationship between a primary carer and care receiver.

This work will investigate any potential interaction with the National Companion Card Scheme. In 2009-10 the Commonwealth Government provided \$1.8 million towards the development of a National Companion Card Scheme for people with disability and their carers. The National Companion Card Scheme will expand the arrangements offered in some states and territories to provide up to 200,000 people with disability with opportunities to attend affiliated sporting and entertainment events and venues without incurring the cost of a second ticket for a companion or carer.

## **Recommendation 29**

**That the Minister for Families, Housing, Community Services and Indigenous Affairs and the Minister for Health and Ageing seek agreement through the Health, Community and Disability Services Ministerial Council to expand the nationally consistent assessment process based on the Carer Eligibility and Needs Assessment-Revised questionnaire. This will need to ensure the inclusion of carers accessing services offered through the Department of Families, Housing, Community Services and Indigenous Affairs and the State and Territory governments.**

### **AGREE TO FURTHER CONSIDER**

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The Commonwealth Government, through the Department of Health and Ageing, has undertaken significant work in developing two interconnected assessment tools within the one system, the Australian Community Care Needs Assessment—revised and the Carer Eligibility and Needs Assessment—revised, to support a holistic identification of the needs of both carers and care recipients. The application of carer and care recipient assessments is an important step towards achieving a system where information collection does not involve duplicated efforts.

The Australian Community Care Needs Assessment—revised is being trialled in three jurisdictions and a feasibility study for the development of the Carer Eligibility and Needs Assessment—revised is currently under way. The findings from these trials will inform the development of a nationally consistent assessment process for carers and care recipients.

While it is envisaged that the Carer Eligibility and Needs Assessment—revised will underpin assessment and referral in the National Respite for Carers Program, it is being developed with a view to assessing the needs of all carers and the people they care for and has the potential for broader application.

The Commonwealth Government notes that expanding a nationally consistent assessment process based on the Carer Eligibility and Needs Assessment—revised would require the Commonwealth and State and Territory Governments to agree to a consistent assessment process for the care recipient and carer services across the community care, aged care, disability and community mental health service systems.

The Commonwealth Government will seek agreement through the Community and Disability Services Ministers' Conference to further consider this model as part of the National Disability Agreement priority to consider single access points and nationally consistent assessment processes, in line with nationally agreed principles, by the end of 2011.

The Commonwealth Government will further consider extending the consistent assessment approach to other programs within its responsibility.

### **Recommendation 30**

**That the Minister for Families, Housing, Community Services and Indigenous Affairs and the Minister for Health and Ageing address the shortages of health and community care services for people living in regional and remote locations.**

#### **AGREE**

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The Commonwealth Government agrees with this recommendation and has implemented a range of measures to help address the shortages of health and community care services for people living in regional and remote locations.

The Commonwealth Government is currently working with State and Territory Governments, through the Rural Health Standing Committee of the Australian Health Ministers' Advisory Council, to develop a new national strategic approach to rural and remote health. This will take into account reform directions identified by the National Health and Hospitals Reform Commission report, *A healthier future for all Australians*.

The development of a new national strategic framework for rural and remote health is a key initiative that aligns with the implementation of outcomes of the 2008–09 review of Commonwealth Government funded rural health programs and supports the implementation of the Council of Australian Governments' objectives.

In the 2009-10 Budget the Commonwealth Government provided a significant injection of funding amounting to \$134.4 million, to address the shortage of health and community care services for people living in rural and remote locations in Australia. Reforms implemented under the rural health package mean that:

- almost 500 communities around Australia will become eligible for rural incentive payments for the first time
- retention payments will be based on the level of remoteness

- more than 2,400 rural doctors will now become eligible for the first time for grant payments to remain in rural and remote areas
- more than 3,600 overseas trained doctors with restrictions on where they can practise will be able to discharge their obligations sooner if they work in rural and remote communities
- under the Higher Education Contribution Scheme Reimbursement Scheme, the rate of reimbursement of Higher Education Contribution Scheme payments will be adjusted to give more credit according to the remoteness of the location
- locum relief will be available to doctors working in difficult locations with more than 400 locum placements planned to enable rural General Practitioners to take a holiday or undertake further education and training
- more than 150 urban doctors can be up-skilled in exchange for undertaking four week locum placements in rural and remote communities.

Under this package a new classification system, the Australian Standard Geographical Classification – Remoteness Areas system, which reflects how Australia’s population and demographic make-up has changed over time, has been phased in from July 2009. This system, which replaces the Rural, Remote and Metropolitan Areas system, has been developed by the Australian Bureau of Statistics, using 2006 Census data and will improve targeting of incentives for attracting health services to areas of genuine need.

The Commonwealth Government has also invested in mental health programs specifically targeted to meet the needs of rural and remote communities:

- \$6.7 million to extend the Mental Health Services in Rural and Remote Areas Program
- \$5.2 million to extend mental health support for drought affected communities
- \$7.5 million for additional psychological support for communities affected by the Victorian bushfires
- Ten Personal Helpers and Mentors Program remote service delivery sites.

As set out in response to Recommendation 32, the Commonwealth Government has also made a significant investment into remote service delivery to Indigenous people. The National Partnership on Remote Service Delivery will provide a total of \$291.2 million over six years (with \$187.7 million provided by the Commonwealth Government) to improve the delivery of services across 29 remote locations. Current baseline mapping and analysis, to be completed by early next year, includes examination of the number of disability services in the priority communities.

This funding is in addition to previous work that has been undertaken to address the shortage of community care services for people living in regional, rural and remote locations including:

- Recognising people living in rural and remote areas as people with special needs through the *Aged Care Act 1997*.
- Recognising Aboriginal and Torres Strait Islander people as people with special needs under the 2007 Home and Community Care Program Review Agreement, as it has been recognised that this group may find it more difficult than most to access services.
- Requiring new applications for new aged care places (including community-based places) to demonstrate how they will address the particular care needs of people living in rural, regional and remote areas, including their understanding of social isolation issues, coordination of and access to allied health services, and assistance in maintaining contact with local support groups and the community.
- Providing up to \$300 million in zero real interest loans to residential aged care providers to build or expand aged care facilities in areas of high need under the New Directions for Older Australians: Improving the transition between Hospital and Aged Care packages announced in the 2008–09 Budget.
- Identifying people in rural and remote areas as a target group in the planning of and allocation for the National Respite for Carers Program. The National Respite for Carers Program specifically targets Indigenous communities as an area of need through 80 Indigenous specific services across Australia, with funding of more than \$16 million in 2008-09. This funding represents 9 per cent of the total budget for the National Respite for Carers Program.
- Allowing State and Territory Governments to adjust service levels for specific service types in line with changing consumer needs and regional community requirements for the Home and Community Care Program.

- Introducing Key Performance Indicators in the Home and Community Care Program from 2007-08, including Indicator 2 - Percentage of Aboriginal and Torres Strait Islander clients as a proportion of this group in the total population (to ensure that there is comparability over years within the Program, which will assist in addressing any gaps in service delivery to Aboriginal and Torres Strait Islander people).
- Providing funding of over \$22 million each year, through the National Aboriginal and Torres Strait Islander Flexible Aged Care Program, to support the delivery of aged care services to Aboriginal and Torres Strait Islander people, mainly in remote locations. This includes funding for the provision of residential, respite and community aged care services through the Program. Funding is also provided for minor capital works and equipment and furniture purchases to support aged care recipients and carers.
- Implementing a capital grants program for capital works to upgrade or expand Aboriginal and Torres Strait Islander aged care services, under the \$46 million Indigenous Aged Care Plan announced on 22 September 2008.
- Providing a support program to give providers of aged care services to Aboriginal and Torres Strait Islander people access to a range of professional services on care management, quality, governance and financial management.
- Providing short-term financial support to eligible providers of aged care to Aboriginal and Torres Strait Islander people, under an emergency assistance program.
- Creating approximately 700 permanent part-time positions for Aboriginal and/or Torres Strait Islander people in aged care services nationally from changes to the Community Development Employment Projects program. The majority of these positions have been in Home and Community Care services.
- Providing a range of respite options such as Troopie Van, outreach services, peer support and education options in remote areas under the Mental Health and Respite Program.
- Providing outreach services in regional rural and remote areas and developing a remote service model for the Personal Helpers and Mentors Program.
- Providing outreach services and community-based respite models in regions where service gaps have been identified under the Mental Health Community Based Program.

### **Recommendation 31**

**That the Minister for Families, Housing, Community Services and Indigenous Affairs fund research into the profiles and specific needs of Indigenous carers.**

#### **AGREE TO FURTHER CONSIDER**

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In 2009 the Commonwealth Government, through the Department of Families, Housing, Community Services and Indigenous Affairs, commissioned the Social Policy Research Centre, University of New South Wales, to determine what information is known and what further information is needed about Indigenous carers. This work will inform any future research which will form part of the Department's strategic research and evaluation agenda.

*Footprints in Time:* The Longitudinal Study of Indigenous Children is also funded through the Department of Families, Housing, Community Services and Indigenous Affairs. In 2008, the study collected data from 1687 parents and carers of children aged approximately 6 to 18 months and 3 and a half to 4 and a half years old. The study is collecting important information about the lives of Aboriginal and Torres Strait Islander children, covering areas such as health, culture, education, housing and family relationships. Questions which ask parents and carers of children with disabilities for some more in-depth information about the impact of the disability on their family are being piloted for Wave 3 (2010).

### **Recommendation 32**

**That the Minister for Families, Housing, Community Services and Indigenous Affairs and the Minister for Health and Ageing examine the adequacy of culturally appropriate community care services funded by the Australian Government for Indigenous carers, particularly for those living in remote areas, with the intention of increasing the accessibility and availability of those services.**

#### **AGREE**

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The Commonwealth Government agrees with this recommendation and has already undertaken significant work to ensure that culturally appropriate community care services are funded for Indigenous carers.

Furthermore, the Commonwealth Government recognises that overcoming Indigenous disadvantage requires long-term intergenerational commitment to directing major effort across a range of building blocks<sup>2</sup> that support reforms aimed at 'Closing the Gap' between Indigenous and non-Indigenous people against six specific targets.

The Council of Australian Governments has begun addressing Indigenous disadvantage by developing national partnerships that focus on addressing one or more of the building blocks: remote Indigenous service delivery; Indigenous economic participation; Indigenous early childhood development; Indigenous health outcomes; and remote Indigenous housing.

The National Partnership on Remote Service Delivery will provide a total of \$291.2 million over six years (with \$187.7 million provided by the Commonwealth Government) to improve the delivery of services across 29 remote locations. Under this agreement, Governments will provide integrated engagement and service planning through a single interface. The aims of this new remote service delivery model include ensuring that:

- Indigenous people in the remote locations have improved access to the suitable and culturally-inclusive services required to progress achievement towards the Council of Australian Governments targets
- Indigenous communities are able to be partners in program implementation through credible and culturally-legitimate mechanisms
- culturally-competent services are provided to Indigenous people to enable the achievement of equitable outcomes.

The Commonwealth Government has appointed a Coordinator-General for Remote Indigenous Services to drive the implementation of reforms.

Furthermore, increasing access to services for Indigenous Australians is a priority area for action under the National Disability Agreement.

To address this priority, the Commonwealth and State and Territory Governments have agreed to develop a National Indigenous Access Framework, to ensure that the needs of Indigenous Australians with disability, their families and carers are addressed through appropriate service delivery arrangements.

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<sup>2</sup> The Council of Australian Governments has also agreed to seven strategic platforms or 'building blocks': early childhood, schooling, health, economic participation, healthy homes, safe communities, and governance and leadership.



The following are current initiatives and measures the Commonwealth Government has in place to ensure that Indigenous carers have access to culturally appropriate community care services:

- service providers are required to demonstrate culturally appropriate services for Indigenous carers accessing:
  - the Young Carers Respite and Information Services Program
  - the Respite Support for Carers of Young People with a Severe or Profound Disability Program
  - the MyTime Peer Support Program
  - the Outside School Hours Care for Teenagers with Disability Program.
- service providers are required to demonstrate cultural competence and accessibility in remote areas under the Mental Health Respite Program.
- Indigenous people are recognised as a special needs group under the Home and Community Care Program.
- Indigenous people are recognised as a priority target group in the planning and allocation framework for the National Respite for Carers Program's Community Packaged Care Programs and Residential Respite Program.

### **Recommendation 33**

**Recognising the ageing demographic of the carer population and the increased longevity of many care receivers, that the Minister for Families, Housing, Community Services and Indigenous Affairs and the Minister for Health and Ageing increase capital and recurrent funding for respite care services funded by the Australian Government as a matter of urgency to more closely match demand across the country. Particular attention should be paid to improving the:**

- **availability and accessibility;**
- **affordability;**
- **responsiveness to the needs of both carer and care receiver of respite services; and**
- **responsiveness to the needs of carers and care receivers living in regional, rural and remote areas.**

### **AGREE**

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The Commonwealth Government agrees with this recommendation and has provided State and Territory Governments with a significant injection of funding to improve and expand services for people with disability and their families and carers, including respite services. The Commonwealth Government has also allocated additional funding to the Respite Support for Carers of Young People with Severe or Profound Disability Program and the National Respite for Carers Program. The Commonwealth Government is also working to address unmet demand by streamlining respite services through the National Respite for Carers Program.

The Commonwealth Government also notes that the community care, aged care, disability and community mental health service systems are all undergoing significant reforms or agreement has been reached to progress significant reforms in the near future. The outcomes of these reforms are critical to future planning in the area of respite services.

#### *Additional respite services*

The Commonwealth Government has provided State and Territory Governments with a significant injection of funding of more than \$5 billion, over five years, through the National Disability Agreement to improve and expand services for people with disability and their families and carers. This includes the highest ever level of indexation of funding from the Commonwealth for disability services.

State and Territory Governments agreed to provide an additional 10,000 respite places to support people with disability and their carers in a range of forms across Australia.

The Commonwealth Government is providing an additional \$2.1 million in 2009-10 to the Respite Support for Carers of Young People with Severe or Profound Disability Program to provide emergency and short-term respite to an additional 600 carers.

In addition, the Commonwealth Government in February 2009 reallocated \$12.2 million over two and a half years to expand the availability of respite services across Australia through the National Respite for Carers Program.

#### *Streamlining and improving respite services*

The Commonwealth Government recognises that unmet demand for respite services is closely linked to the fragmentation and lack of coordination of respite programs across government. As part of its 2007 election policy on disability and carers, the Commonwealth Government committed to 'streamlining respite services to create a more sensible system for carers', noting that 'responsibility for respite services is currently split between several departments and programs without any attempt at coordination'.

The Commonwealth Government will undertake work to streamline respite services provided through the National Respite for Carers Program to ensure viability, affordability and accessibility; responsiveness to the needs of both the carer and care receiver; and responsiveness to the needs of carers and care receivers living in regional, rural and remote areas.

The Commonwealth Government notes that the Mental Health Respite Program is focusing attention on improving availability and accessibility, affordability and responsiveness and has adapted services to specifically meet the needs of carers and care receivers in rural and remote areas.

The Department of Families, Housing, Community Services and Indigenous Affairs is currently evaluating the Commonwealth Government's community mental health programs, including the Mental Health Respite Program. Improvements to the effectiveness and reach of the Mental Health Respite Program will be considered as part of the outcome of the evaluation.

## **Recommendation 34**

**That the Minister for Health and Ageing and the Minister for Families, Housing, Community Services and Indigenous Affairs increase funding for in-home assistance for carers in order to more closely meet demand.**

### **AGREE**

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As outlined in the response to Recommendation 33, the Commonwealth Government has provided a significant injection of funding to drive important reforms to the disability services system, including the need to provide more in-home support services, through the National Disability Agreement, which commenced on 1 January 2009.

State and Territory Governments have agreed to provide an additional 2,300 in-home support services to support people with disability.

The bulk of Commonwealth funding for in-home assistance is provided through:

- the Home and Community Care Program, which is delivered by State and Territory Governments who are responsible for monitoring demand for services and responding to unmet need
- the Community Aged Care Packages, Extended Aged Care At Home packages and Extended Aged Care at Home – Dementia packages, which provide a range of services such as personal care, social support, home help, meal preparation and garden maintenance within an individualised package
- the National Respite for Carers Program, which provides an element of indirect respite to support carers in performing tasks undertaken in their caring role and may include domestic assistance and home maintenance.

In addition the Mental Health Respite Program delivered by the Department of Families, Housing, Community Services and Indigenous Affairs includes forms of in-home assistance for carers as indirect respite when direct respite is not appropriate. The Commonwealth Government notes that, as stated in the response to Recommendation 33, this program is being reviewed as part of the larger evaluation of the Commonwealth Government's community mental health programs and changes to the effectiveness and reach of the program will be considered as part of the outcome of the evaluation.

## **Recommendation 35**

**That the Minister for Families, Housing, Community Services and Indigenous Affairs and the Minister for Health and Ageing undertake pilot studies to test the potential for the Australian Government’s funding for carer respite and in-home assistance to be re-allocated directly to carers through ‘individualised funding programs’ (also known as ‘consumer directed care’ and ‘self managed funding’).**

### **AGREE TO FURTHER CONSIDER**

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The Commonwealth Government supports a person-centred approach to service provision and the move towards individualised funding. Individualised funding is one of the key reform priorities under the National Disability Agreement and will deliver significant benefits to people with disability and indirectly to their carers and families.

As part of the National Disability Agreement the Commonwealth and State and Territory Governments have agreed to ‘ensure services are person centred and provide timely access to supports based on assessed needs’. Jurisdictions have also agreed to develop a ‘National Framework for Service Planning and Access’ which will ‘focus on providing a person centred approach to service delivery’.

The Commonwealth Government, through the Department of Health and Ageing, is currently considering options for individualised funding programs or consumer directed care for care recipients and their carers accessing aged care services.

The Commonwealth Government notes that while individualised funding approaches for people with disability (and their carers indirectly) have been tested and available since the early 1990s, individualised funding directly for carers has not been sufficiently investigated to implement a pilot at this time.

The Commonwealth Government agrees to further consider this noting that consumer directed care options will not be appropriate for all carers and care receivers, and should be offered as one of several options.

### **Recommendation 36**

**That the Minister for Families, Housing, Community Services and Indigenous Affairs and the Minister for Health and Ageing seek agreement through the Health, Community and Disability Services Ministerial Council to collect nationally consistent data to more accurately determine the number of carers, their profile and the level of unmet need for community based carer support services.**

#### **AGREE**

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The Commonwealth Government acknowledges the importance of a sound evidence base and has been working with State and Territory Governments to improve the national data collected on carers.

The Survey of Disability, Ageing and Carers conducted by the Australian Bureau of Statistics is the recognised source of national data for carers. It aims to improve, where possible, the reliability of disability, ageing and carer data at the national, state and sub-state levels, and improve and expand the data collected on unmet demand for disability services and services for aged people, labour force participation, social inclusion and carers.

As stated in response to Recommendation 1, the Commonwealth and State and Territory Governments funded the doubling of the 2009 Survey of Disability, Ageing and Carers sample size to collect more detailed data on the characteristics of carers and the care they provide, and to better measure their level of unmet need. Furthermore, the Commonwealth Government has agreed to explore the expansion of the Survey of Disability, Ageing and Carers sample size beyond 2009.

The Commonwealth Government will progress this issue with State and Territory Governments in the context of future Council of Australian Government negotiations.

More broadly, under the National Disability Agreement, the Commonwealth and State and Territory Governments have committed to developing a national model to estimate demand for disability services and undertake population benchmarking for disability services. This will improve the evidence base and assist the Commonwealth and State and Territory Governments to measure for the first time, unmet demand for community based services for people with disability and their carers, including respite services.

## **Recommendation 37**

**That the Minister for Education, Employment and Workplace Relations examine options to build capacity in the community care workforce, particularly initiatives to encourage retention of trained workers in the sector.**

### **AGREE**

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The Commonwealth Government has examined options to build capacity in the community care workforce and recognises the importance of initiatives that encourage the retention of trained workers in the sector.

The Commonwealth Government is implementing a number of initiatives to encourage new workers into the community care workforce and to retain trained workers in the sector. These include the Productivity Places Program and monitoring the award modernisation process for industries that employ carers.

The Productivity Places Program was established in April 2008 as part of the Commonwealth Government's Skilling Australia for the Future Initiative. The Productivity Places Program provides 711,000 training places over five years to develop skills in areas of existing and future demand, such as aged and community care.

At July 2009, there had been more than 11,800 enrolments for aged care and 12,800 enrolments for children's services qualifications under the Productivity Places Program. The program places a high importance on nationally endorsed training and assists job seekers to acquire skills and gain lasting employment and helps existing workers to upgrade their skills.

The Commonwealth Government notes the need to recognise workers in the community care sector through appropriate remuneration and secure employment conditions. The *Fair Work Act 2009* establishes a comprehensive safety net of minimum conditions for all employees covered by the federal system. One element of the safety net is the creation of modern awards. Modern awards build on the 10 minimum employment conditions established by the National Employment Standards, and many include an additional 10 minimum conditions of employment, tailored to meet the needs of a particular industry or occupation. These include minimum wages, arrangements for when work is performed, overtime and penalty rates.

The Department of Education, Employment and Workplace Relations is monitoring the award modernisation process for industries that employ carers. Awards covering the community care industry will be considered by the Australian Industrial Relations Commission during stage four of the award modernisation process, which is due to be completed by December 2009.

The Department of Health and Ageing also administers the Community Aged Care Workforce Development Program, which provides accredited certificate-level training for personal care workers delivering Community Aged Care Packages, Extended Aged Care at Home Packages and Extended Aged Care at Home Dementia Packages. It also provides post-graduate scholarships for nurses in this sector.

### **Recommendation 38**

**That the Minister for Families, Housing, Community Services and Indigenous Affairs through the Health, Community and Disability Services Ministerial Council encourage states and territories to provide additional funding for disability support workers in long day care, out of hours care and school holiday care to improve access for employed carers.**

### **AGREE**

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The Commonwealth Government agrees to encourage State and Territory Governments, through the relevant ministerial councils, to consider providing additional funding for disability support workers in long day care and out-of-hours care as part of achieving the outcomes of the National Disability Agreement. However, it is noted that under the Agreement, the Commonwealth does not specify budget allocations and State and Territory Governments can deliver services flexibly in line with agreed outcomes.

Under the National Disability Agreement, the Commonwealth and State and Territory Governments have also agreed to give priority to developing a national workforce strategy to address qualification, training and cross-sector career mapping issues, and to establishing the disability sector as an 'industry of choice' by the end of 2010.

The Commonwealth Government currently provides funding for long day care and out-of-hours care for specific groups. In 2007 the Commonwealth Government committed \$23.6 million to the Outside School Hours Care for Teenagers with Disability initiative over five years (2007-12). This initiative assists teenagers with disability, aged 12 to 18 years, and their families by providing flexible before school, after school and/or school holiday care. There are currently 1,052 outside school hours care places in 48 locations across Australia. In the 2009-10 Budget the Commonwealth Government announced \$5.1 million in additional funding over four years to 2013, for a further 250 places.



The Commonwealth Government is also establishing six Autism Specific Early Learning and Care Centres that will provide early learning programs and specific support to children with Autism Spectrum Disorders or Autism Spectrum Disorder like symptoms in a long day care setting.

These centres are part of a broader Commonwealth Government commitment to establish 260 early learning care centres across Australia. To date, arrangements have been made for Autism Specific Early Learning and Care Centres to be established in Adelaide by June 2009; Brisbane and Perth by February 2010; and Melbourne and south-west Sydney by June 2010.

Inclusion Support Subsidy is currently paid to child care services approved for Child Care Benefit, including vacation care services. The subsidy is a contribution towards the costs associated with employing an additional child care worker to increase the staff to child ratio when a child or children with ongoing high support needs are in care.

### **Recommendation 39**

**That the Minister for Health and Ageing and the Minister for Families, Housing, Community Services and Indigenous Affairs expand any continuation of the Employed Carers Respite Initiative to provide extended respite and support for all working carers, including those who provide care to people with disabilities or mental illness who are under the age of 65 years.**

### **DISAGREE**

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The Commonwealth Government does not agree to extend the Employed Carers Respite Initiative. The Employed Carers Respite Initiative was funded as a two year pilot.

An evaluation of the Employed Carers Respite Initiative was conducted this year.

Successful projects under the Employed Carers Respite Initiative were transitioned to the broader National Respite for Carers Program. Transition plans are in place to ensure minimal disruption to carers as unsuccessful projects wind down.

The Commonwealth Government's Fresh Ideas for Work and Family Program, which was launched on 1 March 2009, helps working parents balance their work and family responsibilities, including looking after family members with disabilities or those who are aged.

The program is a national initiative that provides grants of \$5,000 to \$15,000 to eligible small businesses to implement practices that help employees balance their work and family obligations and improve employee retention and productivity. The program is assisting small businesses across regional and metropolitan areas and is designed to support projects that benefit both the employer and employees, demonstrate long-term sustainable outcomes for the business and have the potential for wider application to other businesses. The first funding round has received a positive response with over 1,200 applications lodged.

The Commonwealth Government, through the Department of Health and Ageing, continues to support employed carers of the frail aged through the National Respite for Carers Program.

The Commonwealth Government, through the Department of Families, Housing, Community Services and Indigenous Affairs provides respite to carers of people with mental illness under the age of 65 years – including working carers – through the Mental Health Respite Program.

#### **Recommendation 40**

**That section 65(1) of the *Fair Work Act 2009* be amended to extend the right to request flexible working arrangements to all employees who have recognised care responsibilities, including to those who are caring for adults with disabilities, mental illness, chronic illness or who are frail aged.**

#### **DISAGREE**

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The Commonwealth Government does not agree to extend subsection 65(1) of the *Fair Work Act 2009* to all employees with recognised care responsibilities.

The *Fair Work Act 2009* includes a number of measures designed to assist employees to balance their work and caring responsibilities. Subsection 65(1) of the *Fair Work Act 2009* provides that an ‘employee who is a parent, or has responsibility for the care of a child, may request the employer for a change in working arrangements to assist the employee to care for the child if the child is under school age; or is under 18 and has disability’.

The right to request flexible working arrangements provision in the *Fair Work Act 2009* is a significant step forward in promoting flexible workplaces that balance the need for employees to manage their work and family responsibilities with the genuine requirements of businesses.

As noted by the Committee, subsection 65(1) of the Fair Work Bill 2008 was amended during the parliamentary process to extend eligibility for the right to request flexible working arrangements to employees who have responsibility for a disabled child under 18 years of age. Before the extension, subsection 65(1) was limited to employees with caring responsibilities for children under school age.

Another aspect of the *Fair Work Act 2009* that may be used by employees to balance their work and caring responsibilities is the personal/carer's leave entitlement contained in the National Employment Standards. This provision entitles an employee (other than a casual employee) to 10 days of paid personal/carer's leave for each year of service. An employee may take carers leave to care for a member of the employee's immediate family or household who requires care or support because of a personal illness, injury or unexpected emergency affecting the member. All employees (including casuals) are entitled to access two days of unpaid carers leave for each permissible occasion. This is the first time a federal statutory entitlement to unpaid carers leave has extended to casual employees.

In addition, the *Fair Work Act 2009* provides that all modern awards and enterprise agreements must include a model flexibility clause, which will allow employers and individual employees to make arrangements that suit their particular needs. This provision is of particular benefit to employees with caring responsibilities, as it allows them to make arrangements to help manage their work and care commitments.

## **Recommendation 41**

**That the Minister for Education, Employment and Workplace Relations ensure that employment service providers: consider the specific needs of carers seeking suitable employment; and encourage and support employers to provide employment opportunities for carers.**

## **AGREE**

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The Commonwealth Government agrees with this recommendation. The Commonwealth Government's new approach to employment services ensures that employment service providers consider the specific needs of carers seeking employment and better supports and encourages employers to provide employment opportunities for carers.

Job Services Australia, which began on 1 July 2009, is the Commonwealth Government's new approach to employment services and focuses on meeting both the employment and recruitment needs of job seekers and employers. It represents an investment of \$4.9 billion over the next three years. Job Services Australia folds seven programs (for example Job Network, the Personal Support Programme and Work for the Dole) into a 'one-stop-shop' and provides job seekers with more personalised services.

Job Services Australia helps individuals to obtain the skills they need and secure sustainable employment. Every eligible job seeker will be linked to a provider of their choice who will have the flexibility to develop individually tailored assistance for them commensurate with their level of disadvantage. There will be a greater emphasis on addressing skill shortages, targeting more disadvantaged job seekers, and social inclusion.

Job Services Australia has a particular focus on disadvantaged job seekers, which includes carers. A person receiving Carer Payment can choose to participate as a Fully Eligible job seeker or as a Stream 1 (Limited) job seeker. Depending on the needs of the individual carer and their level of disadvantage, assistance can include:

- assessment of current skill levels and personal goals
- professional skills development, work experience and training
- job search assistance, including help with résumés and interview techniques
- help to address personal issues and other barriers to employment.

Components of this new system of employment services, which carers may benefit from, include:

- Employment Pathway Plans, which are individually tailored plans for job seekers to develop pathways into sustainable employment and take into account individual circumstances and caring responsibilities.
- The Employment Pathway Fund, which can be used by Job Service Australia providers to purchase a broad range of goods and services to assist job seekers address personal barriers and obtain a job.
- The Innovation Fund, which provides \$41 million for the development of innovative projects to connect the most disadvantaged job seekers to training and employment.
- Employer Brokers, who work with Job Services Australia providers and employers to better match the needs of job seekers with the labour requirements of employers.

Job Services Australia providers are also eligible to receive full outcome payments for job seekers in receipt of carer payments who choose to work reduced hours due to their caring responsibilities. In these situations, job seekers are required to be in employment for at least 30 hours a fortnight over a 13 and 26 week period. The level of Outcome payment is dependent on the Stream the job seeker is in, with job seekers in Stream 4 attracting a higher Outcome fee commensurate with their level of disadvantage.

Additionally, as noted in Recommendation 39, the Commonwealth Government's Fresh Ideas for Work and Family Program, which was launched on 1 March 2009, helps working parents balance their work and family responsibilities, including looking after family members with disabilities or those who are aged.

## **Recommendation 42**

**That the Minister for Education, Employment and Workplace Relations ensure that employment service providers consider the skills development and training needs of carers, particularly long-term carers, when developing plans to assist those wishing to enter or re-enter the workforce after a period of absence.**

## **AGREE**

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The Commonwealth Government's new approach to employment services will ensure that service providers consider the skills development and training needs of carers wishing to enter or re-enter the workforce after a period of absence.

As outlined in the response to Recommendation 41, since 1 July 2009, Job Services Australia has been providing tailored assistance to carers seeking suitable employment. This new employment system is more responsive to job seekers' individual needs and circumstances and includes a greater emphasis on working with individual employers.

Carers can now work with employment service providers to develop their own combination of job search, training and other assistance to address their barriers to employment.

Job Services Australia provides services commensurate with job seekers' needs. For example Stream 1 Services are provided to those that are more job ready, with Stream 4 Services provided to the most disadvantaged job seekers in the community—people with complex and/or multiple personal barriers that prevent them from obtaining employment.

Job Services Australia providers deliver services tailored to the individual job seeker's circumstances. This includes providing or organising assessments, counselling, professional support, and referral to other support services the job seeker needs to overcome their barriers.

Job Services Australia providers are also able to use the Employment Pathway Fund to purchase goods and services that job seekers need to overcome their barriers. The level of Employment Pathway Fund credit is dependent on which Stream the job seeker is receiving. Job Seekers Australia providers also receive service and outcome fees that are commensurate with the job seeker's level of disadvantage and the Stream the job seeker is in.

### **Recommendation 43**

**That the Minister for Families, Housing, Community Services and Indigenous Affairs direct the Department of Families, Housing, Community Services and Indigenous Affairs to increase the number of hours of work, volunteering or study that those receiving Carer Payment can undertake.**

#### **DISAGREE**

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The Commonwealth Government does not agree to increase the number of hours of work, volunteering or study that those receiving Carer Payment can undertake.

The current rules enable Carer Payment recipients to work, study or do a combination of activities for up to 25 hours a week without it affecting their qualification for payment (the 25 hour rule). The number of allowable hours has increased from 20 hours a week before April 2005 and 10 hours a week before July 1997. Carer Payment rules also allow a carer to temporarily cease to provide care for up to 63 days a year without affecting their qualification.

The Commonwealth Government understands that carers face many barriers to undertaking study, work and volunteering, including inflexible working arrangements and inadequate alternative care arrangements. Although the Committee cited examples of the restrictive nature of the 25 hour rule, the Commonwealth Government does not consider that the rule is a significant barrier to carers combining caring with work or study.

However, as a matter of priority, the Commonwealth Government agrees to undertake further work on developing options to assist young carers overcome barriers to completing their education.

In relation to young carers of workforce age, the Commonwealth Government considers that increasing the allowable number of hours would be at odds with the intention of Carer Payment, which is to provide an income support payment for people who are unable to support themselves through significant workforce participation, due to the demands of their caring role.

The Pension Review identified that Carer Payment should more actively address questions of workforce participation and building pathways to employment, and accordingly notes that the review of Australia's Future Tax System is looking at working-age income support payments, including Carer Payment, and work incentives. Accordingly, further work on this issue may be undertaken, pending the outcome of the review of Australia's Future Tax System.

#### **Recommendation 44**

**That the Minister for Education, Employment and Workplace Relations direct the Department of Education, Employment and Workplace Relations, in association with state and territory education departments, to develop flexible policies to make it easier for students to combine education with caring.**

#### **AGREE**

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Improving support for young carers is a priority for the Commonwealth Government and the Government commits to further work to improve the educational attainment of young carers. This will include consideration of the recommendations arising from the Bring It! 2008 Young Carers Forum.

State and Territory Governments have primary responsibility for the delivery of school education and related support services for students. However, the Commonwealth Government agrees to work with State and Territory Governments to develop flexible policies to make it easier for students to combine their education with caring.

The Commonwealth Government, through the Department of Families, Housing, Community Services and Indigenous Affairs, has developed two resource kits to assist teachers to identify, understand and better support young carers. These kits, *Teachers—chances are that you have at least two young carers in your class* and *Supporting young carers in secondary schools*, are designed to assist primary school teachers and secondary school teachers to better support young carers to sustain and accomplish their education and transitional outcomes.

The Commonwealth Government, through the Department of Families, Housing, Community Services and Indigenous Affairs, has commissioned the Social Policy Research Centre, University of New South Wales, to conduct a major, multi-stage study into the advantages and disadvantages of care giving for young carers, *Young carers in Australia: Understanding the advantages and disadvantages of their care giving*. The study will include a literature review, quantitative analysis of existing national data sets, focus groups with young carers and interviews with Commonwealth Government policy makers and service providers in the non-government sector. This research will inform future policy work in this area.

### **Recommendation 45**

**That the Minister for Families, Housing, Community Services and Indigenous Affairs direct the Department of Families, Housing, Community Services and Indigenous Affairs to extend the eligibility criteria for its Respite for Young Carers at Risk Program to include assistance for more than one young carer in a family unit where the care responsibilities are shared.**

### **AGREE**

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The Commonwealth Government addressed this issue in 2008 by expanding and renaming the Respite for Young Carers at Risk Program, now the Young Carers Respite and Information Services Program.

The expanded Young Carers Respite and Information Services Program recognises that care responsibilities are shared, and that families often have secondary carers where children and young people are primary carers. Secondary carers are supported in the expanded program, where they are assessed as meeting the eligibility criteria.

The Department of Families, Housing, Community Services and Indigenous Affairs is continuing to work closely with stakeholders to continue the redesign of the Young Carers Respite and Information Services Program with a focus on carer support, within a whole-of-family approach.



## Recommendation 46

**That the Minister for Health and Ageing direct the Department of Health and Ageing to provide a preventative health care program targeted at carers. This could be achieved by extending the Enhanced Primary Care Program to include carers who receive Carer Payment and/or Carer Allowance as an at risk population group requiring intervention under this program.**

### NOTE

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The Enhanced Primary Care Program provides preventative care for older Australians and improved coordination of care for people with chronic conditions and complex care needs. Under the Enhanced Primary Health Care Program Medical Benefits Scheme health assessments have been developed. These health assessments provide a structured way of identifying health issues and conditions that are potentially preventable or amenable to interventions in order to improve health. These assessments mainly target specific critical life stages or medical conditions.

Many carers who receive Carer Payment and/or Carer Allowance may already be eligible for these health assessments under the Enhanced primary Carer Program. These include:

- the 45 to 49 Year Old Health Check: carers aged 45 to 49 inclusive who are at risk of developing a chronic disease may be eligible for a health check under this initiative. The decision that a patient is at risk of developing a chronic disease is a clinical judgement made by their General Practitioner.
- the Medicare Health Checks for Aboriginal and Torres Strait Islander Australians<sup>3</sup>: Aboriginal or Torres Strait Islander carers may be eligible for health checks under this initiative.
- the Adult Health Check is a two-yearly service for Aboriginal and Torres Strait Islander people aged between 15 and 54 years (inclusive).
- the Older Person's Health Check is an annual health check for Aboriginal and Torres Strait Islander people who are at least 55 years of age.

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<sup>3</sup> For the purpose of the health checks, a person is an Aboriginal or Torres Strait Islander person if they, or their parent or carer, identify them as being of Aboriginal or Torres Strait Islander descent.

- the Older Person's Health Assessment: older carers, aged 75 years and older, may be eligible for health checks under this initiative. These health assessments are annual, voluntary health assessments for older Australians that provide an opportunity for General Practitioners to undertake an in-depth assessment of the patient's health.

Preventative health is a priority of the Commonwealth Government. On 1 September 2009 the National Preventative Health Taskforce's *National Preventative Health Strategy* was released.

The recommendations in the Strategy will be considered on their merit within the broader health reform process. The Government is consulting widely before putting a position to states and territories on health reform later in the year.

A recommendation of both the Taskforce and the Health and Hospital Reform Commission is the establishment of an Australian National Preventive Health Agency. The Australian National Preventive Health Agency Bill 2009, which establishes the Agency, was introduced into the House of Representatives by the Minister for Health and Ageing on 10 September 2009.

### **Recommendation 47**

**That the Minister for Families, Housing, Community Services and Indigenous Affairs direct the Department of Families, Housing, Community Services and Indigenous Affairs to review the temporary cessation of care requirements for Carer Payment and Carer Allowance recipients, particularly in relation to:**

- the adequacy of the 63 days of respite per year particularly in comparison to minimum conditions of paid employment; and
- the requirement of carers to use all or part of the allowable period of time to cover periods of time, when as a result of illness, they are unable to provide care.

### **AGREE TO FURTHER CONSIDER**

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The Commonwealth Government agrees to consider further a formal review of the adequacy and appropriateness of the current temporary cessation of care requirements for Carer Payment and Carer Allowance recipients.

The Commonwealth Government notes that any changes to the temporary cessation of care provisions would have significant legislative and financial implications.

Currently carers may temporarily cease to provide care for up to 63 days per calendar year. Relevant parts of the *Guide to Social Security Law*, the Commonwealth Government's policy guide for social security legislation and its application, were revised in March 2009 to provide further clarity on the temporary cessation of care provisions. The guide now explains that a temporary cessation of care day is calculated from midnight to midnight. For example, a break in care from 8:00 am on Friday to 6:00 pm on Sunday only equates to one day of temporary cessation of care. This is because only the period between midnight Friday and midnight Saturday meets the definition of a temporary cessation of care day under the guide.

Short periods of care (of less than 24 hours) provided by an organisation or person other than the carer, will not necessarily preclude someone from qualifying for payment or count as temporary cessation of care, even if this occurs regularly.

Additionally, the 63 days may be extended in special circumstances. A delegate of the Secretary has discretion to extend the period of temporary cessation of care for any special reason. Delegates must exercise discretion in determining what constitutes a special reason. Generally, such reasons would be events outside the carer's control and consistent with their role as a carer, where the care situation would be expected to resume after a definite period. Special reasons may include illness or other caring responsibilities.

### **Recommendation 48**

**That the Minister for Health and Ageing expand the National Carers Counselling Program to better meet the demand for counselling services by carers.**

#### **AGREE TO FURTHER CONSIDER**

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The National Carers Counselling Program provides an important supplementary service to a range of other counselling programs and supports available to carers. Counselling in the National Carers Counselling Program is provided through qualified counsellors on issues that are specific to carers' needs such as depression, stress-related conditions, grief and loss, and coping skills. Counselling is provided by several other Commonwealth Government funded programs, including the Home and Community Care Program, Family Relationship Services for Carers, the Dementia Education and Support Program and the Veterans and Veterans Families Counselling Service.

The Department of Health and Ageing has been working closely with Carers Australia to improve current data collection in the National Carers Counselling Program. Limited data capability makes an assessment of demand for National Carers Counselling Program services difficult to quantify. The Commonwealth Government supports a continued focus on program consolidation, including through improved data collection, enhanced relationship building with other carer-focused service providers and national consistency underpinned by a common approach to assessment, as critical to any future decision making about program expansion.

### **Recommendation 49**

**That the Minister for Health and Ageing direct the Department of Health and Ageing to raise awareness among General Practitioners of the high incidence of mental health problems among carers and their families and of the options available for support.**

### **AGREE**

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The Commonwealth Government recognises the important role of general practitioners in attending to the emotional health and wellbeing of patients as part of holistic general practice and in the detection of mental health issues.

To this end, the Commonwealth Government has implemented a range of measures that support awareness raising and education and training of general practitioners, and foster better teamwork between general practitioners and specialist mental health professionals.

The Commonwealth Government, through the Department of Health and Ageing, funds the Better Access to Psychiatrists, Psychologists and General Practitioners initiative through the Medicare Benefits Schedule. The Better Access initiative provides improved access for people with an assessed mental disorder, to mental health care by general practitioners, psychiatrists, psychologists and appropriately trained social workers and occupational therapists. Eligible people may access up to 12 individual and/or 12 group allied mental health services in a calendar year and up to 18 individual sessions in exceptional circumstances.

To be eligible to access Medicare rebates for mental health services with a psychologist, social worker or occupational therapist, the person must be referred by a general practitioner (who is managing that person under a General Practitioner's Mental Health Treatment Plan), or a psychiatrist or paediatrician in private practice.

Under the Better Access initiative, funding is available for education and training activities to help ensure the primary care and specialist mental health workforces are equipped to recognise and treat mental illness.

The Department of Health and Ageing continues to work with these professions and other key stakeholders to develop appropriate education and training options. Awareness of the mental health needs of carers and their families will be included in this context.

Mechanisms also exist within current programs to raise awareness among general practitioners of support programs available for carers of people with a mental illness. For instance, an important role of Commonwealth Respite and Carelink Centres funded under the Mental Health Respite Program is to promote the program, including raising general practitioner awareness of the program.

The Commonwealth Government also notes that this program is currently being evaluated and the effectiveness of awareness raising activities with general practitioners will be considered in this review.

## **Recommendation 50**

**That the Minister for Social Inclusion nominate carers as an early priority for social inclusion on the social inclusion agenda and with the Australian Social Inclusion Board.**

### **AGREE IN PART**

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The priorities of the Commonwealth Government's Social Inclusion Agenda encompass the most disadvantaged Australians, including the most disadvantaged carers.

The Minister for Social Inclusion will seek to ensure that, when developing policies and programs to support social inclusion priority groups, the needs of carers within those groups are considered.

Many carers will benefit from the Commonwealth Government's Social Inclusion Agenda:

- young carers will benefit from the Commonwealth Government's efforts to deliver effective support to children at greatest risk of disadvantage
- some unemployed carers will be encompassed by the 'jobless families with children' priority group
- carers living in areas of concentrated disadvantage may also benefit from the Social Inclusion Agenda's focus on providing programs and services to locations in greatest need.

Carers will also benefit from the Social Inclusion Agenda's focus on employment for people with disability. This includes the development of the National Disability Strategy, which will address the social, economic and cultural barriers faced by people with disability and their families and carers, and promote social inclusion.

# Government response to additional comments made by the Hon Judi Moylan MP

The Commonwealth Government notes the additional comments by the Hon Judi Moylan MP, regarding the financial stresses experienced by carers. In respect of this, the Commonwealth Government highlights its responses to Recommendations 17 to 28 and notes that the introduction of a permanent Carer Supplement for Carer Payment and/or Carer Allowance recipients will provide carers with better financial security by replacing ad hoc bonuses with a legislated annual supplement.

The Commonwealth Government notes the recommendation by Hon Judi Moylan MP to proceed with the development of a national insurance scheme. As the inquiry report notes, the idea of long-term care for people with disability was raised at the Australia 2020 Summit in April 2008. The Prime Minister recently released the Commonwealth Government response to the Australia 2020 Summit final report. The response states that the Commonwealth Government will consider the development of an insurance model to meet the costs of long-term care for people with disability, in conjunction with the development of the National Disability Strategy.

In relation to the additional comments, the Commonwealth Government notes that Indigenous Australians benefit from care services being delivered by Indigenous people within their communities and is progressing this work through a number of initiatives.

Under the National Disability Agreement, a commitment to develop a National Workforce Strategy and the Indigenous Disability Access Framework will consider Indigenous employment in disability services and related support services. This will include the training of staff and a jurisdictional narrative of progress, initiatives and innovation.

In addition, the Commonwealth Government, through the Department of Health and Ageing, administers a number of initiatives aimed at improving the retention rates of local Indigenous workers in aged care services. These include:

- the Community Aged Care Workforce Development Program, which provides certificate level training targeted at community aged care workers from an Aboriginal and Torres Strait Islander background. Training has commenced and up to 1,000 training places will be offered over four years under the program, which prioritises workers from rural, remote and very remote areas.

- Building an Indigenous Workforce in Community Care; the Northern Territory Emergency Response Welfare Reform Agenda; the Cape York Welfare Reform Trial; and the National Partnership for Indigenous Economic Development. These initiatives have resulted in nearly 700 permanent part-time positions being created for Aboriginal and Torres Strait Islander carers in aged care services nationally.

The Commonwealth Government notes the recommendation that consideration be given to ‘using some of the recent budget allocated to public housing to develop accommodation options for people with a disability’. The Commonwealth Government is currently working with the states, territories, local governments, community organisations and the private sector to maximise access to affordable and safe rental housing for people who would otherwise have difficulty accessing private rental markets, including aged people, people with disability and people with mental illness.

As part of recent reforms undertaken by the Council of Australian Governments, the National Affordable Housing Agreement has been established.

The agreement identifies the roles and responsibilities of each level of government; establishes a performance framework against which the key outcomes of the agreement will be measured; and provides \$6.2 billion worth of assistance in the first five years.

In addition, under the associated National Partnership Agreement on Social Housing, the Commonwealth Government is providing \$400 million for states and territories over two years to build new social housing dwellings or redevelop existing dwellings.

The Commonwealth Government has also committed funding of \$5.2 billion from 2008-09 to 2011-12 for the construction of new social housing and a further \$400 million for repairs and maintenance to existing public housing dwellings, under the Social Housing Initiative as part of the Nation Building – Economic Stimulus Plan. Funding under the new construction element of the Social Housing Initiative will meet the needs of high-priority applicants on public housing waiting lists and proposals that support aged people and people with disability. All Stage 2 Social Housing Initiative proposals are being assessed against their capacity to deliver universal design principles that facilitate better access for people with disability and aged people. So far, 93 per cent of all social housing delivered under the Nation Building – Economic Stimulus Plan meets universal design principles.

Finally, the Commonwealth Government notes that as set out in its response to Recommendation 39, there are a number of current initiatives available to support the needs of employed carers.